

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2003

Open to Public  
Inspection**A For the 2003 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer ID number</b>
		CANCER FUND OF AMERICA, INC.		58-1766061
		Number and street (or P O box if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		2901 BREEZEWOOD LANE		865-938-5281
City or town, state or country, and ZIP + 4		<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)		
KNOXVILLE TN 37921-1099				

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Website:** WWW.CFOA.ORG**J Organization type**(check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L Gross receipts.** Add lines 6b, 8b, 9b, and 10b to line 12 **19,733,726**

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates **►****H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," att a list See instr)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I Group Exemption Number** **►****M Check** ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

<b>1</b> Contributions, gifts, grants, and similar amounts received.			
<b>a</b> Direct public support	<b>1a</b>	19,548,335	
<b>b</b> Indirect public support	<b>1b</b>		
<b>c</b> Government contributions (grants)	<b>1c</b>		
<b>d Total</b> (add lines 1a through 1c) (cash \$ 13,734,047 noncash \$ 5,814,288 )	<b>1d</b>	19,548,335	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b> Membership dues and assessments	<b>3</b>		
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	329	
<b>5</b> Dividends and interest from securities	<b>5</b>		
<b>6a</b> Gross rents	<b>6a</b>		
<b>b</b> Less rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe <b>►</b> )	<b>7</b>		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>8d</b>			
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b> Less cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	185,062	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	19,733,726	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>	6,047,836	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	701,497	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	14,125,249	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	20,874,582	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	-1,140,856	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	4,198,819	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	3,057,963	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

DAA

13-15 18

**Part II Statement of**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

**Functional Expenses**

and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) Stmt 1 (cash \$ 565,873 non-cash \$ )	22 565,873	565,873		
23	Specific assistance to individuals Stmt 2	23 3,158,504	3,158,504		
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25 371,325	314,982	38,699	17,644
26	Other salaries and wages	26 574,760	487,548	59,901	27,311
27	Pension plan contributions	27 8,315	8,315		
28	Other employee benefits	28 198,316	167,321	20,663	10,332
29	Payroll taxes	29 125,997	107,097	12,600	6,300
30	Professional fundraising fees	30 13,290,502			13,290,502
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 17,084	16,765	319	
34	Telephone	34 42,874	36,443	6,431	
35	Postage and shipping	35 888,478	477,050	158,853	252,575
36	Occupancy	36 21,061	17,902	3,159	
37	Equipment rental and maintenance	37 19,573	290	19,283	
38	Printing and publications	38 424,429	169,772	75,398	179,259
39	Travel	39			
40	Conferences, conventions, and meetings	40 62,101	26,368	6,068	29,665
41	Interest	41 50,880	43,248	7,632	
42	Depreciation, depletion, etc (attach schedule)	42 96,806	82,285	14,521	
43	Other expenses not covered above (itemize) a	43a			
b	See Statement 3	43b 957,704	368,073	277,970	311,661
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 20,874,582	6,047,836	701,497	14,125,249

Joint Costs. Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☒ No ☐

If "Yes," enter (i) the aggregate amount of these joint costs \$ 18,273,589 , (ii) the amount allocated to Program services \$ 2,323,459 .

(iii) the amount allocated to Management and general \$ 562,679 , and (iv) the amount allocated to Fundraising \$ 15,387,451

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

See Statement 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a	PATIENT SERVICES - FINANCIAL AND OTHER ASSISTANCE TO CANCER PATIENTS AND THEIR CAREGIVERS  (Grants and allocations \$ )	3,946,759
b	COMMUNITY SERVICES - FINANCIAL AND OTHER ASSISTANCE TO COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES TO ILL AND NEEDY INDIVIDUALS  (Grants and allocations \$ 565,873 )	1,892,427
c	PUBLIC HEALTH EDUCATION - DISTRIBUTION OF EDUCATIONAL MATERIALS VIA DIRECT MAIL AND PERSONAL VOLUNTEERS  (Grants and allocations \$ )	208,650
d		
e	Other program services (attach schedule) (Grants and allocations \$ )	0
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,047,836

**Part IV Balance Sheets** (See page 25 of the instructions)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>45</b>	Cash-non-interest-bearing	201,166	<b>45</b>	201,552
<b>46</b>	Savings and temporary cash investments		<b>46</b>	
<b>47a</b>	Accounts receivable			
<b>b</b>	Less allowance for doubtful accounts		<b>47c</b>	
<b>48a</b>	Pledges receivable	974,851		
<b>b</b>	Less allowance for doubtful accounts		<b>48c</b>	974,851
<b>49</b>	Grants receivable		<b>49</b>	
<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule) See Worksheet	360,405	<b>50</b>	441,648
<b>51a</b>	Other notes and loans receivable (attach schedule) See Worksheet	3,135		
<b>b</b>	Less allowance for doubtful accounts	3,039	<b>51c</b>	3,135
<b>52</b>	Inventories for sale or use	3,194,375	<b>52</b>	2,326,751
<b>53</b>	Prepaid expenses and deferred charges	10,987	<b>53</b>	
<b>54</b>	Investments-secuties <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
<b>55a</b>	Investments-land, buildings, and equipment basis			
<b>b</b>	Less accumulated depreciation (attach schedule)		<b>55c</b>	
<b>56</b>	Investments-other (attach schedule)		<b>56</b>	
<b>57a</b>	Land, buildings, and equipment basis	1,525,663		
<b>b</b>	Less accumulated depreciation (attach schedule) See Stmt 5	423,570	<b>57c</b>	1,102,093
<b>58</b>	Other assets (describe <input type="checkbox"/> See Stmt 6 )	203,007	<b>58</b>	126,682
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	5,853,064	<b>59</b>	5,176,712
<b>60</b>	Accounts payable and accrued expenses	651,965	<b>60</b>	1,289,009
<b>61</b>	Grants payable	90,000	<b>61</b>	90,000
<b>62</b>	Deferred revenue		<b>62</b>	
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
<b>64a</b>	Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
<b>b</b>	Mortgages and other notes payable (attach schedule) See Worksheet	912,280	<b>64b</b>	739,740
<b>65</b>	Other liabilities (describe <input type="checkbox"/> )		<b>65</b>	
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65)	1,654,245	<b>66</b>	2,118,749
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
<b>67</b>	Unrestricted	4,198,819	<b>67</b>	3,057,963
<b>68</b>	Temporarily restricted		<b>68</b>	
<b>69</b>	Permanently restricted		<b>69</b>	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
<b>70</b>	Capital stock, trust principal, or current funds		<b>70</b>	
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73</b>	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	4,198,819	<b>73</b>	3,057,963
<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	5,853,064	<b>74</b>	5,176,712

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	19,733,726
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	19,733,726
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	19,733,726

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	20,874,582
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	20,874,582
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	20,874,582

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES REYNOLDS 24509 WALROCK LA KNOXVILLE TN 37921	PRESIDENT 40	173,550	1,458	0
ROSE PERKINS 7523 E. KAEL CIRCLE MESA AZ 85207	VICE PRES 40	123,750	1,088	0
KYLE EFFLER 2120 S. RAVEN MESA AZ 85208	CFO 40	74,025	583	0
CAROL CRUZE 5500 JONES RD KNOXVILLE TN 37918	CHAIRMAN 1	0	0	0
INEZ PRIGMORE 125 UNION AVE LUTTRELL TN 37779	DIRECTOR 1	0	0	0
LOIS WELCH 7919 QUAIL RUN D KNOXVILLE TN 37928	DIRECTOR 1	0	0	0
MARIA SNIDER 1212 BOXWOOD DR APOPKA FL 32703	SECRETARY 1	0	0	0
DEAN MEADE 800 NORTH MAGNOL ORLANDO FL 32803	DIRECTOR 1	0	0	0
JESS GROESBECK 1418 EAST BLACKB MT VERNON WA 98274	MED ADVISOR 1	0	0	0
GARY FISH 228 EASTVIEW DR ALPINE UT 84004	DIRECTOR 1	0	0	0

- 75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  
If "Yes," attach schedule-see page 28 of the instructions

► ☐ Yes ☒ No

**Part VI Other Information (See page 28 of the instructions.)**

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <b>CANCER FUND OF AMERICA SUPPORT SRVCS</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <b>SEE ATTACHED STATEMENT</b>	90b	17
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		
91	The books are in care of <b>KYLE EFFLER</b> Located at <b>2223 N 56TH STREET, MESA, AZ</b>	Telephone no.	480-654-4715
		ZIP + 4	85215
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	329	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MAILING LIST RENTAL			13	182,323	
c MISCELLANEOUS INCOME			1	2,739	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		185,391	0
105 Total (add line 104, columns (B), (D), and (E))					185,391

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
●	
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Please Sign**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

*James F. [Signature]* 9-9-04  
 405, SR President

Date: \_\_\_\_\_

Preparer's SSN or PTIN (See Gen. Instr. W)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

OMB No 1545-0047

**2003**

Department of the Treasury  
Internal Revenue Service

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

CANCER FUND OF AMERICA, INC.

58-1766061

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
BRIAN MORSE 5932 E. INGRAM ST, MESA, AZ 85205	WAREHOUSE MG 40	65,340	495	0
JAMES REYNOLDS, JR 10506 E. OBISPO RD, MESA, AZ 85212	FUNDRAISING 40	65,340	495	0
PEGGY LEWIS 2223 N 56TH ST, MESA, AZ 85215	HOSPICE COOR 40	63,360	429	0
JOSHUA LOVELESS 4071 E. SIDEWINDER CT, GILBERT, AZ	PATIENT SVC 40	57,986	375	0
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
CIVIC DEVELOPMENT GROUP 425 RARITAN CTR PKWY, EDISON, NJ 08837	TELEMARKETING	3,258,550
ASSOCIATED COMMUNITY SERVICES 24681 NORTHWESTERN HWY, SOUTHFIELD, MI 48075	TELEMARKETING	2,948,638
PREFERRED COMMUNITY SERVICES 5656 W 74TH ST, INDIANAPOLIS, IN 46278	TELEMARKETING	1,167,517
ORGANIZATIONAL DEVELOPMENT 5311 LAKE WORTH RD, LAKE WORTH, FL 33463	TELEMARKETING	855,599
DAYCOM TELEMARKETING 22 NE 52 HWY, CLINTON, MO 65734	TELEMARKETING	261,066
Total number of others receiving over \$50,000 for professional services	9	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

**Part III Statements About Activities (See page 2 of the instructions )**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>►</b> \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	<b>1</b>	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	X
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	X
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	X
<b>d</b> Payment of compensation (or payment or reimbursement of expense if more than \$1,000)? See Part V, Form 990	<b>2d</b>	X
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	<b>3a</b>	X
<b>3b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	X
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4</b>	X

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions )**The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7** ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9** ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►**
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12** ☒ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations. (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	19,245,504	17,684,470	14,898,370	15,410,338	67,238,682
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		4,038	12,232	4,641	20,911
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. Stmt 7	166,812	138,640	130,208	258,659	694,319
<b>23</b> Total of lines 15 through 22	19,412,316	17,827,148	15,040,810	15,673,638	67,953,912
<b>24</b> Line 23 minus line 17	19,412,316	17,827,148	15,040,810	15,673,638	67,953,912
<b>25</b> Enter 1% of line 23	194,123	178,271	150,408	156,736	
<b>26</b> Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 22					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
<b>27</b> Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year					
(2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2002) (2001) (2000) (1999)					
c Add Amounts from column (e) for lines 15 17					27c 67,238,682
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e 67,238,682
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f 67,953,912
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.9475%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.0308%
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
<b>32</b>	Does the organization maintain the following			
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?			
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
<b>33</b>	Does the organization discriminate by race in any way with respect to.			
<b>a</b>	Students' rights or privileges?			
<b>b</b>	Admissions policies?			
<b>c</b>	Employment of faculty or administrative staff?			
<b>d</b>	Scholarships or other financial assistance?			
<b>e</b>	Educational policies?			
<b>f</b>	Use of facilities?			
<b>g</b>	Athletic programs?			
<b>h</b>	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?			
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation			

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) N/ACheck ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-			
<b>If the amount on line 40 is-</b>			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Cancer Fund of America, Inc.**  
**Form 990, Page 2, Part II**  
**Line 23**  
**12/31/2003**

<u>Name</u>	<u>Non-Cash Contribution</u>
Mountain Hospice	5,059
Roanoke H C & H-Columbia	5,922
Wesley Mem UM Church	6,907
Blue-Gray Community Hospice	6,095
Hospice Family Care, Inc.	8,201
Hospice of the Highland	7,796
Calvary Baptist Church	9,158
Family Home Health SE	7,164
Florence Crittenton Home	6,160
Grace Community Church	5,275
Baptist Hospice	10,132
Share Food Bank	268,620
Mid-Delta Hospice	7,819
Christian Appalachian	192,418
Merizdo Center Ministries	49,409
Pineville Comm Hospital Assoc	5,080
KY Homeplace-Grayson	8,848
Kentucky Homeplace	41,323
LCCS Services	370,473
East Lansing Mission Home	12,363
VNA of New Orleans	5,332
Kiowa CHD-Eldercare	5,238
Stanford Cancer Center	14,186
Grants/Allocations < \$5000 per organization	<u>267,576</u>
Total Assistance to Organizations	<u><u>1,326,554</u></u>

For calendar year 2003, or tax year beginning

, and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

## Form 990, Part IV, Line 50 - Additional Information

Name of borrower	Title
(1) JAMES T. REYNOLDS	PRESIDENT
(2) ROSE PERKINS	VICE PRESIDENT
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)			UPON DEATH	
(2)			UPON DEATH	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) PROCEEDS OF POLICY	INTEREST IN SPLIT-DOLLAR INS. POLICY
(2) PROCEEDS OF POLICY	INTEREST IN SPLIT-DOLLAR INS. POLICY
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) NONE	360,405	336,855	
(2) NONE		104,793	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	360,405	441,648	

For calendar year 2003, or tax year beginning

, and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

## Form 990, Part IV, Line 51a - Additional Information

Name of borrower	Relationship to disqualified person
(1) EMPLOYEE RECEIVABLES	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	3,039	3,135	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	3,039	3,135	

For calendar year 2003, or tax year beginning

, and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

## Form 990, Part IV, Line 64b - Additional Information

Name of lender	Relationship to disqualified person
(1) BANK ONE	
(2) FIRST TENNESSEE BANK	
(3) CHRYSLER FINANCIAL	NONE
(4) FIRST TENNESSEE BANK	NONE
(5) FIRST TENNESSEE BANK	NONE
(6) FIRST TENNESSEE BANK	NONE
(7) FIRST TENNESSEE BANK	NONE
(8) JEFFERSON PILOT LIFE INSURANCE	NONE
(9) BANK ONE	NONE
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	8/19/02	8/19/11		
(2)	5/08/02	5/08/07		
(3) 19,855	12/19/01	12/04/04	\$551.53 PER MONTH	
(4) 21,250	3/23/01	3/23/04	\$665.00 PER MONTH	7.800
(5) 22,238	12/03/01	12/03/04	\$682.49 PER MONTH	6.500
(6) 21,403	8/28/01	8/28/04	\$671.84 PER MONTH	8.000
(7) 17,250	1/11/02	12/11/04	\$529.41 PER MONTH	6.500
(8) 75,000	4/01/02	1/01/06	\$1700.00 PER MONTH	2.000
(9) 40,000	12/16/02	8/01/06	MINIMUM PAYMENTS	3.250
(10)				

Security provided by borrower	Purpose of loan
(1)	MORTGAGE
(2)	MORTGAGE
(3) 2002 CHRYSLER SEBRING	AUTO LOAN
(4) 2001 OLDSMOBILE SILHOUTTE VAN	AUTO LOAN
(5) 2002 KIA SEDONA VAN	AUTO LOAN
(6) 2001 LINCOLN TOWN CAR	AUTO LOAN
(7) 2002 KIA OPTIMA	AUTO LOAN
(8) CSV OF LIFE INSURANCE ON PRESIDENT	WORKING CAPITAL
(9) NONE	OPERATING CAPITAL
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	389,159	355,017
(2)	361,221	287,849
(3) NONE	13,237	6,619
(4) NONE	9,381	1,927
(5) NONE	15,301	7,869
(6) NONE	13,109	5,169
(7) NONE	12,333	6,108
(8) NONE	58,539	39,132
(9) NONE	40,000	30,050
(10)		
Totals	912,280	739,740



## Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**

Donee's Name	Donee's Address	City
Class of Activity / Description	Cash Contribution	Noncash Contribution
CANCER FUND OF AMERICA SUPPORT SERV 2901 BREEZEWOOD LANE START-UP OF OPERATIONS	\$ 565,873	KNOXVILLE
Total	\$ 565,873	0

**Statement 2 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

Description	Amount
SUPPORT TO FINANCIALLY INDIGENT CANCER PATIENTS	\$ 1,831,950
SEE ATTACHED STMT (ASSISTANCE TO ORGANIZATIONS)	1,326,554
Total	\$ 3,158,504

**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Expenses	\$	\$	\$	\$
MAILING SERVICES	145,923	58,369	21,889	65,665
DATA PROCESSING	166,770	55,980	47,813	62,977
LIST RENTALS	225,330	90,132	33,799	101,399
DIRECT MAIL CONSULTANT	124,944	72,255	27,096	25,593
INSURANCE	60,496	54,370	6,126	
REPAIRS & MAINTENANCE	28,339	24,278	4,061	
MISCELLANEOUS	55,838	12,689	2,122	41,027
OTHER PROFESSIONAL SERVICES	68,296		68,296	
DUES & SUBSCRIPTIONS	3,235		3,235	
STATE REGISTRATION FEES	7,150		7,150	
SERVICE CHARGES	56,383		56,383	
SWEEPSTAKES EXPENSE	15,000			15,000
Total	\$ 957,704	\$ 368,073	\$ 277,970	\$ 311,661

**Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose**

TO PROVIDE DIRECT FINANCIAL AID AND OTHER SUPPORT AND SERVICES TO FINANCIALLY INDIGENT CANCER PATIENTS; TO DESSEMINATE INFORMATION CONCERNING THE EARLY DETECTION AND PREVENTION OF CANCER; TO PROVIDE GRANTS AND GIFTS IN KIND TO HOSPICES, OTHER HEALTH CARE PROVIDERS, AND TO VARIOUS NON-PROFIT COMMUNITY SERVICE ORGANIZATIONS WHICH AID THE ILL, NEEDY AND INFANTS.

## Federal Statements

**Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
LAND	\$ 130,303	\$	\$ 130,303	\$
BUILDING & IMPROVEMENTS	946,594		946,595	
OFFICE FURNITURE & EQUIPMENT	280,101		185,633	
AUTOMOBILES	250,315		263,132	
ACCUMULATED DEPRECIATION		353,241		423,570
Total	<u>\$ 1,607,313</u>	<u>\$ 353,241</u>	<u>\$ 1,525,663</u>	<u>\$ 423,570</u>

**Statement 6 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CSV OF LIFE INSURANCE	\$ 203,007	\$ 126,682
Total	<u>\$ 203,007</u>	<u>\$ 126,682</u>

## Federal Statements

Statement 7 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>
MAILING LIST RENTAL	\$ 157,436	\$ 129,946	\$ 130,208	\$ 258,659
MISCELLANEOUS INCOME	9,376	8,694		
Total	<u>\$ 166,812</u>	<u>\$ 138,640</u>	<u>\$ 130,208</u>	<u>\$ 258,659</u>

Attachment to Form 990  
Part VI, Line 90a

Alaska  
Alabama  
Arkansas  
Arizona  
California  
Colorado  
Connecticut  
Florida  
Georgia  
Illinois  
Kansas  
Kentucky  
Louisiana  
Massachusetts  
Maryland  
Maine  
Michigan  
Minnesota  
Mississippi  
North Carolina  
North Dakota  
New Jersey  
New Mexico  
New York  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
Tennessee  
Utah  
Virginia  
Washington  
Wisconsin  
West Virginia

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed****Form 8868.****Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)****Note: Form 990-T corporations** requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b>	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	CANCER FUND OF AMERICA, INC.	58-1766061
	Number, street, and room or suite no. If a P O box, see instructions	
	2901 BREEZEWOOD LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	KNOXVILLE TN 37921	

**Check type of return to be filed (file a separate application for each return)**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/16/04 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☒ calendar year 2003 or

▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form

Signature ▶

Title ▶

Date ▶

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒

**Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

### Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	CANCER FUND OF AMERICA, INC.	58-1766061
	Number, street, and room or suite no. If a P O box, see instructions 2223 NORTH 56TH ST.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instr MESA AZ 85215	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box ☐ If it is for **part of the group**, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/04

5 For calendar year 2003, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 

Title CPA

Date 8/11/04

### Notice to Applicant-To Be Completed by the IRS

- ☐ We have approved this application Please attach this form to the organization's return
- ☐ We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- ☐ We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

Director

Date

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Pinkstaff, Daniels & Simpson, P.C.
	Number and street (include suite, room, or apt no.) Or a P.O. box number 8858 Cedar Springs Lane, Suite 5000
	City or town, province or state, and country (including postal or ZIP code) Knoxville TN 37923